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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **120**

Complete if Known

Application Number	10/614,902
Filing Date	July 9, 2003
First Named Inventor	OGATA et al.
Examiner Name	English, Peter C.
Art Unit	3616
Attorney Docket No.	15-039

METHOD OF PAYMENT (check all that apply)

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 50-1147	Deposit Account Name: Posz Law Group, PLC		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments				

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	160	80	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity
Fee (\$)

18

9

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Small Entity
Fee (\$)

88

44

Multiple dependent claims

Small Entity
Fee (\$)

300

150

Total Claims

Extra Claims **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = **x** **\$50** **= \$0**

Multiple Dependent Claims

Fee (\$) **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = **x** **\$200** **= \$0**

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	\$0

4. OTHER FEE(S)

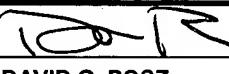
Non-English Specification, \$130 fee (no small entity discount)

Other: **One-Month Extension of Time**

Fees Paid(\$)

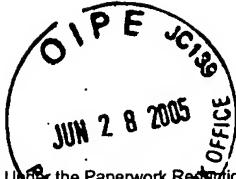
\$120

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,271	Telephone	(703) 707-9110
Name (Print/Type)	DAVID G. POSZ			Date	June 28, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Based on PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 15-039																								
Application Number 10/614,902		Filed 07/09/03																								
For SYSTEM FOR ACTIVATING PASSENGER-PROTECTING DEVICE MOUNTED ON AUTOMOTIVE VEHICLE																										
Art Unit 3616		Examiner English, Peter C.																								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.																										
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):																										
<table><thead><tr><th></th><th><u>Fee</u></th><th><u>Small Entity Fee</u></th><th></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td>\$ 120.00</td><td>\$ 60.00</td><td>\$ <u>120.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td>\$ 450.00</td><td>\$ 225.00</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td>\$ 1,020.00</td><td>\$ 510.00</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td>\$ 1,590.00</td><td>\$ 795.00</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td>\$ 2,160.00</td><td>\$ 1,080.00</td><td>\$ _____</td></tr></tbody></table>				<u>Fee</u>	<u>Small Entity Fee</u>		<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120.00	\$ 60.00	\$ <u>120.00</u>	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450.00	\$ 225.00	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1,020.00	\$ 510.00	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,590.00	\$ 795.00	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,160.00	\$ 1,080.00	\$ _____
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. , 06/29/2005 MBEYENE1 00000055 10614902																										
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. , 01 FC:1251 120.00 OP																										
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																										
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.																										
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-1147</u> . I have enclosed a duplicate copy of this sheet.																										
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I am the <input type="checkbox"/> applicant/inventor.																										
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).																										
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>37,701</u>																										
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.																										
		June 28, 2005																								
Signature		Date																								
David G. Posz (Reg. No. 37,701)		(703) 707-9110																								
Typed or printed name		Telephone Number																								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.																										
<input type="checkbox"/> Total of _____ forms are submitted.																										

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